

**Enrollment Questionnaire - For Affordable Care Act-ACA (Obama Care) Coverage**

Please fill out the questionnaire and include all members you claim on your Tax Return, even if they are NOT applying for coverage through Covered California. Fax the completed questionnaire along with a **copy of your CA Driver's License or ID** to (866) 777-1139 or email to [Eilene@InsuranceRus.com](mailto:Eilene@InsuranceRus.com)

Date:

Full Name:

Phone Number: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Address:

Mailing address if different than Home address:

Email Address:

How did you hear about us?

Language preference:

Communication Preference: Mail, Email or Phone

**Interested in:** (Please circle Yes or No)

Dental coverage: Yes / No

Accident coverage: Yes / No

Vision coverage: Yes / No

Disability coverage: Yes / No

Life Insurance: Yes / No

|                                                                                                      |                                              |                    |             |
|------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------|-------------|
| Primary Applicant Name:                                                                              |                                              | Social Security #: |             |
| US Citizen? Yes or No                                                                                | Born in the US? Yes or No                    |                    |             |
| Date of Birth:                                                                                       | If No, Citizenship or Naturalization Number: |                    |             |
| Resident Alien? Yes or No                                                                            | If Yes, Please provide Alien Number:         |                    |             |
| Did you file taxes last year? Yes or No If Yes, what was your filing status?                         |                                              |                    |             |
| If Married, do you file jointly: Yes or No                                                           |                                              |                    |             |
| Did someone claim you as a dependent last year? Yes or No                                            |                                              |                    |             |
| Will you file taxes for 2014? Yes or No If Yes, what will your filing status be?                     |                                              |                    |             |
| Will someone claim you as a dependent for 2014? Yes or No                                            |                                              |                    |             |
| What type of income do you have: Employment, Self-Employment, Social Security                        |                                              |                    |             |
| If Employed, Name of Employer:                                                                       |                                              | Hourly Pay:        | # of Hours: |
| Do they offer insurance? Yes or No If Yes, does it cost more than 9.5% of your W-2 income? Yes or No |                                              |                    |             |
| If Self-Employed, what is your profession:                                                           |                                              | Monthly Income:    |             |
| Plan Name:                                                                                           |                                              | Premium:           |             |

*If Applicable*

|                                                                                                      |                                              |                    |             |
|------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------|-------------|
| Spouse Name:                                                                                         |                                              | Social Security #: |             |
| US Citizen? Yes or No                                                                                | Born in the US? Yes or No                    |                    |             |
| Date of Birth:                                                                                       | If No, Citizenship or Naturalization Number: |                    |             |
| Resident Alien? Yes or No                                                                            | If Yes, Please provide Alien Number:         |                    |             |
| Did you file taxes last year? Yes or No If Yes, what was your filing status?                         |                                              |                    |             |
| If Married, do you file jointly: Yes or No                                                           |                                              |                    |             |
| Did someone claim you as a dependent last year? Yes or No                                            |                                              |                    |             |
| Will you file taxes for 2014? Yes or No If Yes, what will your filing status be?                     |                                              |                    |             |
| Will someone claim you as a dependent for 2014? Yes or No                                            |                                              |                    |             |
| What type of income do you have: Employment, Self-Employment, Social Security                        |                                              |                    |             |
| If Employed, Name of Employer:                                                                       |                                              | Hourly Pay:        | # of Hours: |
| Do they offer insurance? Yes or No If Yes, does it cost more than 9.5% of your W-2 income? Yes or No |                                              |                    |             |
| If Self-Employed, what is your profession:                                                           |                                              | Monthly Income:    |             |
| Plan Name:                                                                                           |                                              | Premium:           |             |

*If Applicable*

|                                                                                                      |                                              |                    |             |
|------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------|-------------|
| Dependent 1 Name:                                                                                    |                                              | Social Security #: |             |
| US Citizen? Yes or No                                                                                | Born in the US? Yes or No                    |                    |             |
| Date of Birth:                                                                                       | If No, Citizenship or Naturalization Number: |                    |             |
| Resident Alien? Yes or No                                                                            | If Yes, Please provide Alien Number:         |                    |             |
| Did you file taxes last year? Yes or No If Yes, what was your filing status?                         |                                              |                    |             |
| If Married, do you file jointly: Yes or No                                                           |                                              |                    |             |
| Did someone claim you as a dependent last year? Yes or No                                            |                                              |                    |             |
| Will you file taxes for 2014? Yes or No If Yes, what will your filing status be?                     |                                              |                    |             |
| Will someone claim you as a dependent for 2014? Yes or No                                            |                                              |                    |             |
| What type of income do you have: Employment, Self-Employment, Social Security                        |                                              |                    |             |
| If Employed, Name of Employer:                                                                       |                                              | Hourly Pay:        | # of Hours: |
| Do they offer insurance? Yes or No If Yes, does it cost more than 9.5% of your W-2 income? Yes or No |                                              |                    |             |
| If Self-Employed, what is your profession:                                                           |                                              | Monthly Income:    |             |
| Plan Name:                                                                                           |                                              | Premium:           |             |

If Applicable

|                                                                                                      |                                              |                    |             |
|------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------|-------------|
| Dependent 2 Name:                                                                                    |                                              | Social Security #: |             |
| US Citizen? Yes or No                                                                                | Born in the US? Yes or No                    |                    |             |
| Date of Birth:                                                                                       | If No, Citizenship or Naturalization Number: |                    |             |
| Resident Alien? Yes or No                                                                            | If Yes, Please provide Alien Number:         |                    |             |
| Did you file taxes last year? Yes or No If Yes, what was your filing status?                         |                                              |                    |             |
| If Married, do you file jointly: Yes or No                                                           |                                              |                    |             |
| Did someone claim you as a dependent last year? Yes or No                                            |                                              |                    |             |
| Will you file taxes for 2014? Yes or No If Yes, what will your filing status be?                     |                                              |                    |             |
| Will someone claim you as a dependent for 2014? Yes or No                                            |                                              |                    |             |
| What type of income do you have: Employment, Self-Employment, Social Security                        |                                              |                    |             |
| If Employed, Name of Employer:                                                                       |                                              | Hourly Pay:        | # of Hours: |
| Do they offer insurance? Yes or No If Yes, does it cost more than 9.5% of your W-2 income? Yes or No |                                              |                    |             |
| If Self-Employed, what is your profession:                                                           |                                              | Monthly Income:    |             |
| Plan Name:                                                                                           |                                              | Premium:           |             |

- **Tax credits help low- and middle-income individuals and families.** Tax credits are available to individuals and families who meet certain income requirements.( below 400% of Federal Poverty Level )
- **Tax credits can be used when you enroll.** Tax credits can be applied to the cost of your health plan when you enroll – you do not need to wait until you file a tax return at the end of the year. Or, the tax credit can be applied at year end.
- **Tax credits are paid directly to your health plan.** These tax credits are paid by Covered California to your health plan to keep your costs low.
- **Tax credits will be adjusted at the end of the year based on your actual income.** At the end of the year, the tax credits may be adjusted if your income is different than you anticipated. This means that you will want to notify Covered California if your income changes.

**Maintaining Your Verification (Please initial below)**

\_\_\_\_\_ I understand that Covered California will use my tax return at renewal time each year for the next 5 years to see if I qualify for help paying for health coverage. I understand that I can change my answer later.

\_\_\_\_\_ I know that I must report any changes to information on this application. For example, I must report a new address, a new member of the household or a change of income.

\_\_\_\_\_ I have been advised by the agent that any subsidy received to reduce my monthly premium is an Advanced Premium Tax Credit based on the estimated income for 2015. The Advanced Premium Tax Credit is a sliding scale and is zero at over 400% of the Federal Poverty Level. The Advance Premium Tax Credit will be adjusted at the end of the year based on my actual income.

\_\_\_\_\_ I understand that I must file my 2015 Tax Return before **April 15th, 2016** in order to legally claim the financial assistance (aka Premium Tax Credit).

**I am signing this under penalty of perjury under California state law.**

This means that I have understood the questions on this application and provided true and correct answers to all questions to the best of my knowledge.

This means that if I am not truthful, there may be a penalty (under California Penal Code Section 126, perjury is punishable by imprisonment for up to four years.

I know that my information on this application will only be used to determine my eligibility for health insurance and will be kept private as required by law.

I know that I must tell the Insurance Company if anything changes from (and is different than) what I have provided on this application.

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Print Name

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Signature

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Date